1228: CHRONIC ACALCULOUS CHOLECYSTITIS ON HIDA SCAN: IS LAPAROSCOPIC CHOLECYSTECTOMY INDICATED?

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Aims: To review clinical outcome and histology chronic acalculous cholecystits cases diagnosed on HIDA scan that underwent laparoscopic cholecystectomy.
Methods: We analysed HIDA scan data from 2005-2011 (308 records) and selected patients that had upper abdominal pain but no stones on USS. Of 84 cases, 19 of them showed no filling of the gallbladder with HIDA thus diagnosing acalculous cholecystits. All had laparoscopic cholecystectomy. Patient notes were examineda to establish histology and clinical outcomes.
Results: There were 19 cases: 16 female, 3 male, age 39.2±2.73. Blood tests for FBC and LFT were grossly normal. Histology report showed Chronic cholecystitis in 12 cases, Cholelithiasis/Cholesterolosis in 6 and normal gallbladder in 1.
4 cases had readmissions. 1 within a week of surgery deemed to be related to the procedure, 1 small bowel obstruction, and 1 umbilical port stitch sinus. These did not re-present with abdominal pain and thus considered to have biliary symptoms resolved. 1 patient had recurrent upper abdominal pain.
Conclusions: Laparoscopic cholecystectomy is (18/19) 95% successful for this group. There is a role for HIDA scan in patients with upper abdominal pain in absence of stones on USS. HIDA diagnosis of Chronic acalculous cholecystitis is supported by abnormal histology.

1242: BILIARY DYSKINESIA: CLINICAL OUTCOMES, HISTOLOGICAL ANALYSIS AND ROLE OF LAPAROSCOPIC CHOLECYSTECTOMY

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Aims: To establish the clinical outcomes of cases of biliary dyskinesia diagnosed by HIDA scan and treated by laparoscopic cholecystectomy. It was deemed important to have an analysis of outcomes at our centre to understand efficacy of the treatment as well as for patient education and consent purposes.
Methods: We analysed HIDA scan data from 2005-2011 (308 records) and selected patients that had clinical presentation of upper abdominal pain and subsequent unremarkable Ultrasound Scan. There were 84 cases and 65 of them showed filling of the gallbladder but GBEF (Gallbladder Ejection Fraction) of less than 35%. All 65 patients had laparoscopic cholecystectomy. We examined patient notes and electronic documentation to establish the clinical and histological outcomes.
Results: There were 65 cases: 52 female, 13 male, mean age 41±11.90. Blood tests for FBC and LFT were grossly normal. All patients had laparoscopic cholecystectomy. Histology report was abnormal in 59 cases and normal in 6 cases.
6 patients re-presented with upper abdominal pain within 6 months from surgery giving a 6 month re-admission rate of 10%.
Conclusions: Laparoscopic cholecystectomy for Biliary Dyskinesia diagnosed at HIDA scan has a 90% resolution of symptoms at 6 months and is indicated. Histology findings support this.

1473: INCIDENTAL GALL BLADDER DYSPLASIA AND NEOPLASIA IN 21ST CENTURY

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Background: With the advent of modern imaging, the true incidence of incidental gall bladder dysplasia of neoplasia (GBD&N) is not known.
Aim: Estimate population characteristics for incidental GBD&N found on histological examination in a tertiary referral centre.
Method: Retrospective histological examination of cholecystectomies performed in a single tertiary institution over a seven year period (2005-2012).
Results: 870 patients (M:F=1:2.3) with median age 49 years (interquartile range=36-62 years) had undergone cholecystectomy between the years of 2005-2012. 27 patients (3.1%) (M:F=2:3, Caucasian=13, Asian=14) with median age 58 years (interquartile range=45-69.5 years), had GBD&N. Dysplasia was found in 18 patients (2%) (M:F=1:2, Caucasian=6, Asian=12) with median age 45 years (interquartile range=42.5-63.5 years); low grade (n=10), high grade (n=2), mixed dysplasia (n=1), dysplasia with adenoma (n=5). Of importance was that two patients had dysplasia present at surgical cystic duct margins. 9 patients (0.8%) (M:F=1:0.8, Caucasian=7, Asian=2) with median age 69 years (interquartile range=69-72 years) had histological diagnosis of adenocarcinoma. Histological grades were pT1 (n=1) pT2 (n=4), pT3 (n=3).
Conclusion: GBD&N still remains fairly common. It is impossible to distinguish the likelihood of GBD&N on basis of population characteristics or imaging. Routine histological examination is recommended till a larger, multi-centre study can be carried out.

MAXILLOFACIAL SURGERY

0255: ATTITUDES TOWARDS OPPORTUNISTIC SCREENING FOR HEAD AND NECK CANCER (HNC) AMONG NEWLY QUALIFIED DOCTORS

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Aim: To investigate whether newly qualified doctors are aware of the features of HNC and to assess their attitudes towards opportunistic screening.
Method: A self-completion questionnaire was distributed to newly qualified doctors. A practical session on screening was conducted. Four months later, a post-intervention questionnaire was distributed to determine if knowledge and attitudes had changed. Data entry and statistical analysis were performed using SPSS17.
Results: In the pre-intervention phase, 46 of 65 questionnaires were returned (response rate 71%). All respondents identified smoking, while thirty-four (74%) identified alcohol as risk factors. In the post-intervention phase, 58 of 73 questionnaires were returned (79%). Twenty-one percent identified erythroplasia as a sign (7% pre-intervention)($P<0.05$). Just 19% said that they routinely carry out screening in contrast to 64% in the pre-intervention phase, who had intended to do so. Sixty-nine percent reported time as the main barrier (39% pre-intervention)($P<0.01$). Only 31% thought their training in HNC was sufficient. Sixty-seven percent would like further training in HNC screening.
Conclusions: Newly qualified doctors are interested in screening for HNC but they perceive time as being a significant barrier. This study highlights the need for further education on HNC among junior doctors.

0382: PLEOMORPHIC SALIVARY ADENOMAS: SHOULD INCOMPLETE EXCISIONS BE TREATED WITH RADIOTHERAPY?

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Background: Current standard procedure to treat Pleomorphic Salivary Adenoma(PSA) of the Parotid Gland is primary surgical excision. The management of incomplete surgical excision remains undecided with post-operative radiotherapy advocated by some and observation by others.
Aim: To assess the need for post-operative radiotherapy
Methods: 190 patients, who underwent resection of PSA of the parotid gland within the West of Scotland between 1981-2008 were identified through a Pathology Database. Case notes were reviewed to identify surgical procedure, complications, pathological results of resection, long term outcome and further treatment.
Results: 112/190 patients had optimal surgery with complete excision. 78 had sub optimal surgery with either incomplete margins, tumour capsule rupture or both. 25/78 received post-operative radiotherapy and the remaining 53 were observed. Recurrences occurred in 2/112 with optimal surgery, 11/53 with suboptimal surgery and observation and 1/25 with radiotherapy. 24/25 who underwent radiotherapy complained of significant side effects from the radiotherapy.
Conclusions: Radiotherapy appears to reduce the incidence of recurrence, but most patients suffered significant side effects. 80% chance of no recurrence with observation therapy is deemed acceptable within our unit. The decision to treat suboptimal surgery with radiotherapy may be appropriate for certain patients but should not apply to all.

0572: IMPACT OF HARMONIC SCALPEL ON BLOOD LOSS IN TUMOUR RESECTION AND NECK DISSECTION FOR HEAD AND NECK SQUAMOUS CELL CARCINOMA

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Introduction: The Ultracision focus Harmonic scalpel (HS) has been used in head and neck surgery as an alternative to conventional (CT) cold steel surgical instruments, electrocautery and hand-tied ligation for hemostasis. We intended to investigate the impact of the harmonic scalpel on blood